

## RECIPROCITY NOTIFICATION FORM

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATES & TIME OF WORK:** \_\_\_\_\_

**LOCATION OF WORK:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON AT SITE:** \_\_\_\_\_

**SITE PHONE NUMBER:** \_\_\_\_\_

**TYPE & QUANTITY OF RADIOACTIVE MATERIAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVICE YOU ARE USING:** \_\_\_\_\_

\_\_\_\_\_

**TYPE OF WORK YOU ARE PLANNING TO DO:** \_\_\_\_\_

\_\_\_\_\_

Fax completed forms or equivalent information to 360-236-2255, Attn: Pamela Walsh.

\*\*\*\*\*This is an sample notification form, you do not have to use this form.\*\*\*\*\*